

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS	Transaction ID: D181570 Date of Disbursement
Mailing Address PO BOX 2916	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 6 / 2 0 0 8</div> </div>
City Huntsville State AL Zip Code 35804	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div> <div>1000.00</div> </div>
Candidate Name R. Parker Griffith	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 05	
B. Full Name (Last, First, Middle Initial) Rampulla and Leung for Raritan Township	Transaction ID: D181596 Date of Disbursement
Mailing Address 153 Voorhees Corner Road	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 0 8</div> </div>
City Flemington State NJ Zip Code 08822	Amount of Each Disbursement this Period
Purpose of Disbursement Non Federal Contribution	<div> <div>1000.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
C. Full Name (Last, First, Middle Initial) Re-Elect Bernie Miller	Transaction ID: D181595 Date of Disbursement
Mailing Address c/o Debra Lambo 96 Dempsey Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 0 8</div> </div>
City Princeton State NJ Zip Code 08540	Amount of Each Disbursement this Period
Purpose of Disbursement Non Federal Contribution	<div> <div>500.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)